

Laboratory & Radiology File & Table Changes for HIPAA 837

~~Clinics Processing~~ Audience for Training

Laboratory & Radiology Providers

Coders

PAD

Site Managers

The following slides will be discussed during the training session:

- Lab and Rad File and Table Changes- CLIP/CLIA #s, EIN- pgs 6 & 7
- Screen shots of CLIA/EIN- pgs 13, 14, & 15
- Rad requirements/future business rules- pgs. 16-23

Please print out presentation with notes pages- PRINT→PRINT

WHAT→NOTES PAGES

Laboratory & Radiology File & Table Changes for HIPAA 837 Claims Processing

Electronic Billing of
Third Party Insurance Claims

27 October 2003

ACS Federal Healthcare, Inc.

Purpose

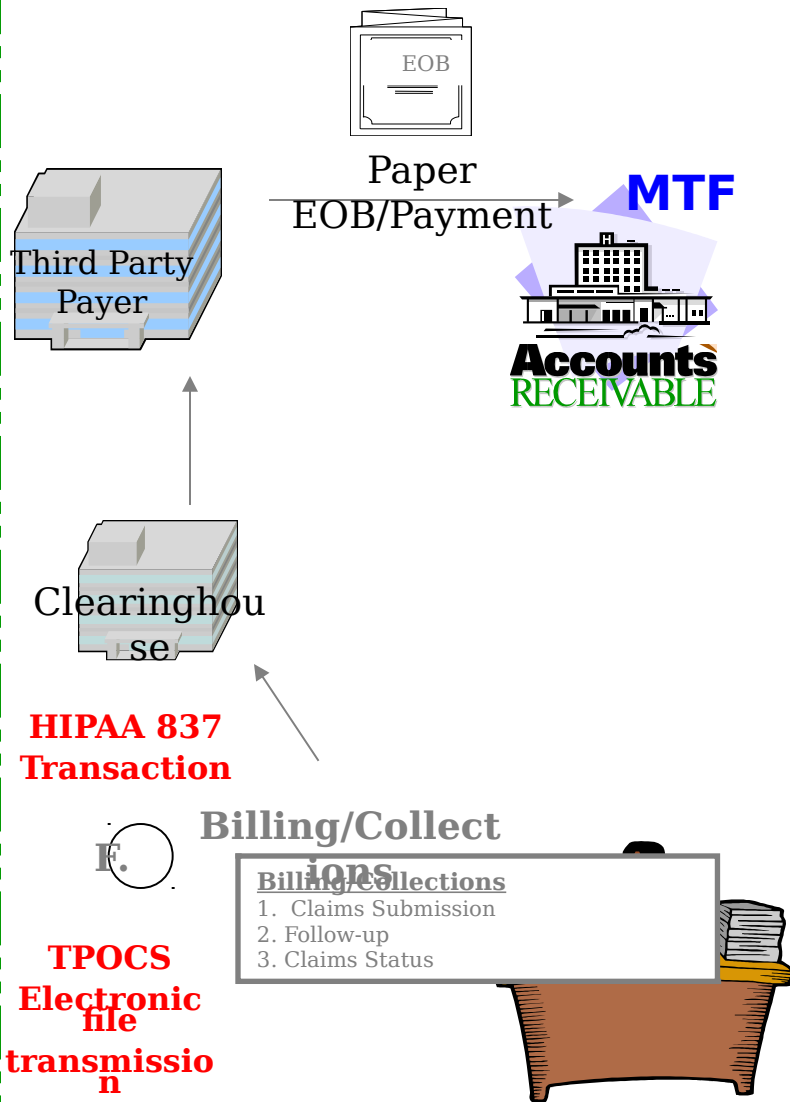
The Purpose of the HIPAA 837 Claims Processing training is to ensure that all the required data for the X12 837 Professional and Institutional Claims are provided to TPOCS. This will provide compliant 837 transaction for claims processing.

TPOCS is the MHS standard system for the processing of third-party claims for outpatient services, and supports billing processes. TPOCS sends the data captured to the clearinghouse to allow electronic billing for claims.

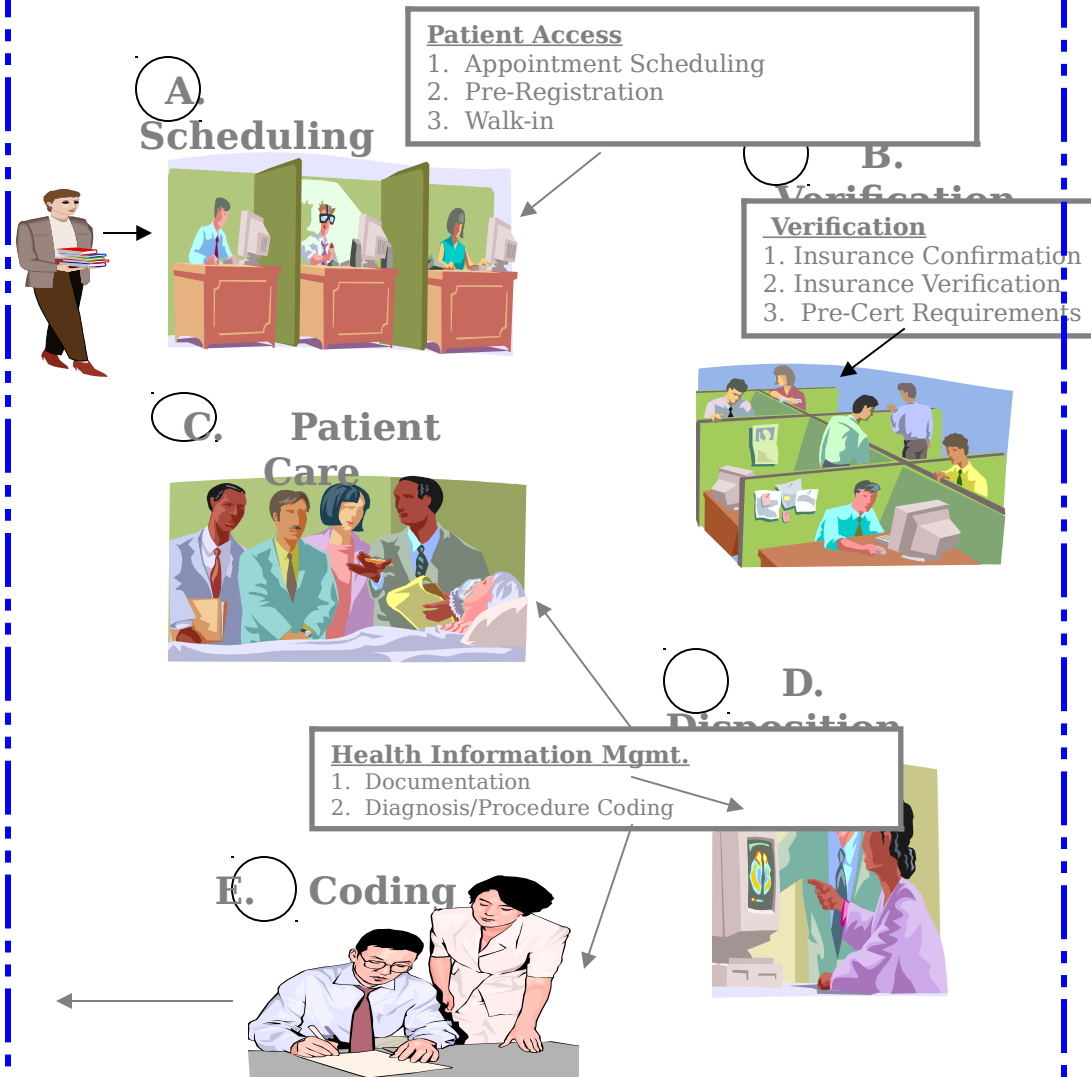
Benefits of Electronic Billing

- ◇ Standardizes Data Requirements & Format
- ◇ Increases Patient, Insurance, Coding and Billing Data Accuracy
- ◇ Increases security of Patient Health Information
- ◇ Eliminates costs and delays associated with paper documents
- ◇ Reduces initial claims rejections and increase collections
- ◇ Shortens waiting periods for reimbursement to MTF

MTF Revenue Cycle



TPOCS



CHCS /ADM

Overview Business Process Issues & Concerns

- ◆ CHCS Data Quality Requirements
 - LAB & RAD File and Table Changes
 - CLIA# and EIN of performing LAB for LAB
 - EIN or SSN for RAD
 - Name, Address and Phone
 - Number of Performing Facilities

Overview Data Requirements from

- Information Required to Allow Electronic Billing on
- TPOGS with 837 HIPAA Compliant Claims Processing Data Quality Requirements
 - LAB & RAD File & Table Changes
 - CLIA# and EIN of performing LAB for LAB or SSN for RAD
 - Name, Address and Phone Number of Performing Facilities

Data Requirements

LAB and RAD File & Table Changes

If the information applies, it needs to be completed to allow electronic billing

LAB Data Requirements

- ◇ Rendering provider
 - LAB Tests designated as a 'Send-Out' capture data to send to TPOCS
- ◇ New Fields
 - Clinical Laboratory Improvement Amendment Number (CLIA#) Clinical Laboratory Improvement Program Number (CLIP#)
 - EIN (Employer Identification Number of Company)/SSN (Individual)
 - ◇ MTF
 - ◇ Additional MTF
 - ◇ Lab Work Element

If the information applies, it needs to be completed to allow electronic billing

LAB Data Requirements

- ◇ Rendering provider
 - It is a non-person
 - TPOCS captures from MTF, AMTF, Lab Work Element
 - External LAB Type (CHCS, VA or Other)
 - External Performing Location Name
 - External Performing Location Address Line 1
 - External Performing Location Address Line 2
 - External Performing Location City
 - External Performing Location State
 - External Performing Location Zip Code
 - External Performing Location Country

LAB Data Requirements

If the information applies, it needs to be completed to allow electronic billing

◇ CLIA#

➤ Identifies the facility

- Processing the lab tests
- Which the billing will be submitted for insurance re

LAB Data Requirements

If the information applies, it needs to be completed to allow electronic billing

- ◇ EIN-Employer Identification Number
 - Identifies the Rendering Provider
 - This is the Performing Laboratory's Number
 - Required for 'Send-Out' Tests

Menu Path: DAA - CFT - CFM - MTF

MTF : TRIPLER AMC HONOLULU HI

Name:	TRIPLER AMC HONOLULU HI
Street Address:	1 JARRETT WHITE ROAD
ZIP:	96859
City:	TRIPLER ARMY MEDICAL CTR
State/Country:	HAWAII
DMIS ID:	0052 TRIPLER AMC
MTF Code:	A0101
UIC:	W07CAA
CLIA#:	
EIN:	
Output Header:	TRIPLER ARMY MEDICAL CENTER
Short Name:	TRIPLER AMC
Synonym:	TRIPLER
SVC Flag:	ARMY

Menu Path: LAB - LSM - ELA - LSA - ADD or LAB - LPR - ADD

ADDITIONAL MEDICAL TREATMENT FACILITY : QUEST LRMTF

Code : QDL

Name : QUEST DIAGNOSTICS CLINICAL LABORATORIES

NON DOD Facility Code : CIVILIAN

MEPRS Code : FCCA

Address 1 : 7470 MISSION VALLEY ROAD

Address 2 :

City : SAN DIEGO

State / Loc : CALIFORNIA

Zip Code : 92103

Lab POC : HORNSBY,ROGER

Lab Phone : 619-686-3000

EIN :

Select DIVISION : (MULTIPLE)

NH TWENTYNINE PALMS

Client Number

43255

CLIA#

05D0642827

INSERT OFF

HELP = HELP

Exit = F10

File/Exit = DO

Menu Path: LAB - LSM - ELA - LSA - LWE

Lab Work Element Add / Edit

Name : MAIN LAB

Responsible Pathologist:

CLIA# :

Shift 1 Start Hour : 7

Shift 2 Start Hour : 15

Shift 3 Start Hour : 23

Associate Lab :

Number of Transmittal Lists : 1

Transmittal / Shipping POC :

LABTECH,JOE

SHIP1

LAB SHIPPING

Slide Label Printer :

Slide Label Printer Name :

Lab Priority Notification Device :

Infection Control Organisms:

ESCHERIA COLI

STAPHYLOCOCCUS AUREUS

CANDIDA ALBICANS

RAD Data Requirements

If the information applies, it needs to be completed to allow electronic billing

- ◇ Rendering Provider
 - If RAD Exam is designated as a 'Referral' performing facility data is captured and sent to TPOCS
- ◇ New Fields
 - EIN (Employer Identification Number of Company)/SSN (Individual)
- ◇ Additional MTF

RAD Data Requirements

If the information applies, it needs to be completed to allow electronic billing

- ◇ Rendering provider
 - It is a Referring Provider for referrals
 - TPOCS captures from the Provider File
 - Referring Provider Identifier
 - Provider Taxonomy Code
 - Referring Provider Reference Identification
 - Referring Provider Secondary Identification
 - TPOCS captures from MTF or AMTF
 - External Performing Location Name
 - External Performing Location Address Line 1
 - External Performing Location Address Line 2
 - External Performing Location City
 - External Performing Location State
 - External Performing Location Zip Code
 - External Performing Location Country
 - External Performing Location Phone Number
 - Identification Code Qualifier (identify data as EIN or SSN)
 - EIN/SSN

Populate Radiology Rendering Provider Data Elements

- ◇ When a CHCS site does not read the Radiology films, the app entered as an EXAM ONLY.
- ◇ The Exam can be departed as a Referral.
- ◇ The user will be prompted to identify if the referral location is a commercial facility.
- ◇ The user must enter a referral location where the film is being read.
- ◇ The user enters the information about the performing location.
- ◇ When a Radiology user departs a patient, the patient can be departed as a Referral.

MENU PATH: EP > DQ

Exam Date/Time: 08 Jul 2003@1404

CHEST, PA/LAT

Departure Date/Time:

Departure Status: ARRIVED

Perf Tech:

QA Tech:

Room:

Portable: N

Procedure Start:

Procedure Stop:

Location: DIAGNOSTIC RADIOLOGY - FO

Film Size:

14x17

Total Exposures: 2

Additional Views:

Reason for Additional Views:

New field enhancements to indicate
that the film is going outside the MTF
for completion.

FACILITY TYPE: Non - DOD//

Radiology Exam: 03000004

Radiology Exam

Referral

SIMPSON,BART

20/156-15-6156

Phone:

Exam Date/Time: 12 Sep 2003@1059

SKULL 2 VIEWS AP AND LAT

Radiology Exam #: 03000004

Exam Status: EXAMINED

Procedure Name: SKULL 2 VIEWS AP AND LAT

Referral Type:

Referral Name:

Address:

City:

Modified City:

State:

ZIP:

Pho

Referral Comment:

Non-DOD Facility?: Yes

New fields that are saved
in the AMTF file if not
already there.

Employer Identification Number or SSN:

INSERT OFF

Help = HELP

Exit = F10

File/Exit = DO

RAD Data Requirements

If the information applies, it needs to be completed to allow electronic billing

◇ EIN/SSN

- Identifies the rendering provider
 - This is the performing facility's number
 - SSN used if performing facility uses SSN for Tax ID
 - Necessary for films Departed as a referral

RAD Data Requirements

If the information applies, it needs to be completed to allow electronic billing

◇ Additional MTF

➤ Users can now create a new AMTF after the 'Facility Type' prompt

- EIN/SSN must be populated
- EIN/SSN Indicator is a new field and must be populated

Summary

*If the information applies
It needs to be completed
To allow electronic
billing*

◇ Data Requirements

➤ Location Information

- LAB - CLIA # and EIN
- RAD - EIN/SSN
- Name, address, phone number

MILITARY HEALTH SYSTEM (MHS) HELP DESK

CONUS: 800-600-9332

Direct: 210-767-5250

**OCONUS:
0800-1011129**

Belgium: 0800-72115

Germany:

Greece: 00800-12-5629 Guam: 1-866-637-8725

Italy: 800-782407
20743

Japan: 00531-1-

Korea: 00798-14-800-5242
0228847

Netherlands: 0800-

Panama: 001-800-151-1005
12305

Portugal: 800-8-

Trouble tickets can be entered directly by authorized users
Turkey: 00-800-151-1005
005871786
on the internet at

Spain: <http://www.mhs-helpdesk.com/>

and use the HELPNOW tool.

To open a trouble ticket through e-mail, send to
HELP@MHS-Helpdesk.com

You can also submit a ticket using Customer Service Fax
number at 210-767-0449

The MHS Helpdesk provides support for U.S. Military Health Information systems, worldwide, 24 hours a day, 7 days a week.

They are the single Point of Contact for your MHS Application needs.